VOL. I NO. 6

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE AND THE CALIFORNIA MEDICAL JOURNAL.

ISSUED MONTHLY

SEPTEMBER, 1908

O. C. WELBOURN, A. M., M. D., Editor

PUBLISHED BY THE CALIFORNIA ECLECTIC MEDICAL COLLEGE, AND DEVOTED TO THE DEVELOPMENT AND WELFARE OF ECLECTIC MEDICINE ON THE PACIFIC COAST

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

The Physician of Many Years' Experience

Knows that, TO OBTAIN IMMEDIATE RESULTS

there is no remedy like

Syr. Hypophos. Co., Fellows

Many MEDICAL JOURNALS specifically mention this Preparation as being of Sterling worth

TRY IT AND PROVE THESE FACTS

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk:

It can be obtained of Chemists and Pharmacists everywhere.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons t offer imitations of it for sale. Mr. Fellows, who has examined samples of several o these, ***finds that no two of them are identical,*** and that all of them differ from th original in composition, in freedom from acid reaction, in susceptability to the effects o oxygen when exposed to light or heat, ***in the property of retaining the strych nine in solution,*** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of th genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the syrup should be ordered in th original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) bear, can then be examined, and the genuineness—or otherwise—o the contents thereby proved.

The California Eclectic Medical Journal

Vol. I SEPTEMBER, 1908 No. 6

Original Contributions

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

OVID S. LAWS, M.D.

Read before the Southern California Eclectic Medical Association.

For several years, our genial Dr. Munk has been treating us with fine sketches of the climate of Southern California, and Arizona, and one or two fine pen pictures of the Grand Canyon. And last October he took us out to Flagstaff and sent us on a verbal baloon excursion to the planet Mars, which has become a near neighbor through the telescope.

We learn from these sketches that California is well supplied with climate, and if properly used it gives great comfort, health and longevity. Many of us know these things by personal experience for many years. But still we find that people get sick, and that climate alone does not restore them to health. Then we turn our attention to the fact that the great Giver of all good has provided for our needs in that respect. From my observations I conclude that we can find here remedies for all diseases. Possibly we might survive if we were cut off from all sources of supply of drugs outside our own state.

Our mountain regions abound in an endless variety of plants and shrubs, some well known, but many unknown. In 1892 I was at Escondido in San Diego, Co. I was often called to go ten or fifteen miles out among the San Jacinto mountains and during the growing season it was a source of constant delight and wonder. I met some of my old time Eastern botanical friends there, and made the acquaintance of some strange ones. My old friend Monarda Punctata grows there, but only as a single stem and flower head instead of a great cluster as in Kansas. I found two species of the fragrant sumach, and use the leaves tinctured in alcohol, for the same conditions that call for Lloyd's Eastern preparation, and get the same benefit.

Our shrubs being evergreens, the leaves store up the medical properties of the plant. So you see we are already in a land where it is literally true that "The leaves of the trees are for the healing of the nation." The Manzanita is another shrub, the leaves of which I found effective in the hemorrhage of typhoid

cases. Rhamnus Californica, I found in one locality, and no doubt some of you can tell us what it is good for. This paper is only intended for a brief introduction to the subject, and I must not detain you but I must not close without recognizing the resources of our own city.

Besides Anemopsis for the cure of catarrh and tuberculosis, we have three heart remedies, much in use; the nuptial altar, the divorce court, the cactus grandiflora. What relation, you ask, or why group cactus with these? Well cactus is good for a broken heart, and will cure when these others fail, or repair the mischief done by them.

THE BEST PEOPLE ON EARTH.

J. A. MUNK, M. D., Los Angeles, Cal.

The above caption must not be taken too literally, but should be construed to include the opportunities of a primitive and very interesting people. They were called Moquis by the early Spanish explorers who discovered them in 1540 and have ever since been known by that name. About ten years ago some smart Aleck found out that Moqui means death and Hopi good, since which time the latter word has often been substituted for the former. This change of name was arbitrary and unwarranted but is in keeping with a practice that is in vogue which changes names indiscriminately. Thus the name of San Francisco is shortened to Frisco and San Bernardino to Berdoo. This mutilation of local names should be opposed by all who care and the practice stopped. Simplified spelling is also responsible for some raw work and has changed the orthography of Moqui to Moki and Cañon to Canyon, all of which is wrong.

The Moquis were once a numerous people, but their number has diminished to less than 2,000 souls. They live in eight villages (until two years ago only seven) on three separate mesas, on the Painted Desert in Northeastern Arizona. The mesas are designated as the first, second and third beginning on the east, at an elevation of about 6,000 feet above sea level. They are several miles apart, composed of rock and extend southward as spurs from the mother mesa. They stand out as conspicuous landmarks from six to eight hundred feet above the level of the surrounding plain. All of them are practically barren and supplies have to be brought from a distance. Even the water has to be carried by hand from the foot of the cliff up to the top over a steep and rocky trail. Here these strange people have always lived and have resisted every attempt to move them. There is much in the life of the Moquis that reminds us of the Cliff-

dwellers, but, if the former are the decendants of the latter as is claimed by some, the Moquis have no legend nor tradition to that effect.

The dwellers in Tewa, the first village on the first mesa just above the Gap on the trail leading up to the Walpi, are a different people and speak a different language from the rest of the Moquis. They are comparatively modern as they came as refugees from the Rio Grande in New Mexico after the great rebellion in 1680. The Moquis were about the only Pueblo people that came out of that conflict uscathed. The refugees were given a warm welcome and a home in exchange for their services in defending the Gap against all hostile intruders; and during all these eventful years have faithfully kept their promise.

The Moquis are Pueblo or village Indians who had a civilization long before Columbus discovered America. They are unusually gentle, patient and industrious and as Aborigines possess qualities that make them a remarkable people. Considering the unfavorable conditions under which they live it is surprising that they have maintained themselves so well, or even now manage to exist. The white man with all of his boasted superiority has utterly failed when placed under similar circumstances. Men have been sent out from the East by the Government to teach these people how to farm, but soon the teachers were compelled to call upon the Indians for help.

The main dependence of these Indians is corn, which is their principal field crop, but they also grow some vegetables and peaches. Their farms are distant many miles from their homes and the men have to go a long way to their daily work. They have studied and understand the local conditions of soil and weather and by their expert knowledge, which they have acquired by centuries of experiment, are able to succeed where others fail. They plant the seed in bare sand where nothing else is ever seen to grow and the last place a white man would select for planting anything . They plant the seed deep, many kernels in a hill and the hills far apart. Although no weeds ever grow the surface is frequently stirred with a stick or hoe, which makes a sand or dust mulch that prevents evaporation and loss of moisture. The moisture that is thus held in the soil, together with an occasional shower of rain during the summer season, is sufficient to grow and mature the crops. Thus they have known and used the dry method of farming far in advance of the white man. By hard work and careful management they acquire sufficient means during the year to supply their modest needs. Out of this scanty hoard they manage to save enough corn to hold in reserve for use in time of famine. They have never asked nor

received help from any one and have fully proven their ability to take care of themselves, if only their plans and work are not interferred with by meddlesome strangers and busybodies.

In the selection of sites for their homes the Moquis have adopted the sky scraper plan of living and build their houses upon the tops of high cliffs that have perpendicular walls. Here they enjoy the advantages of elevation and pure air, a commanding outlook and freedom from sand, flies and noise. They have no elevators with which to lift themselves up and down, but depend on the primitive motive power of foot propulsion. Upon the top walls of these high cliffs their houses are built of rock and mortar upon the communal plan, but each family lives in its own separate apartments. The rooms are plastered and whitewashed and usually swept clean. They have a custom that is entirely different from other people in that the wife owns the house and controls the home. She also decides the family name and pedigree. The husband owns the fields and flocks and occupies the house only by sufferance. If for any reason the wife wants a separation from her husband instead of applying for a divorce, she packs up her husband's saddle or other effects and sets them outside the door, which means his dismissal from the house. When he returns and find this arrangement he knows he must leave his once happy home and goes without a protest and there is no appeal. Marriage is by mutual consent but the woman proposes and not the man. When a girl reaches the proper age her hair is done up in whorls above her ears by a hair dresser, which is usually her mother, as the girl cannot do it herself. This act proclaims that she is of marriageable age and in the matrimonial market. She makes known her choice of a mate by a gift of fruit or vegetable on some ceremonial occasion, preferably during the footrace which precedes the snake dance. After the marriage ceremony is over she changes the style of her hair by taking it down and twisting it into two hard rolls which fall in front of the shoulders.

Naturally there must be some disagreements in a Moqui family, or they would not be human, but if there are any differences they do not come to the surface; neither do they ever quarrel or fight. The parents are very fond of their children and the old folks are invariably kindly cared for. The children are always pleasant and as playful as kittens and never seem to get out of humor. They are given dolls made out of wood, which represent their catcinas or deities and are taught their attributes —a regular system of object lessons or school of kindergarten instruction, that was in use before Fröbel ever thought of it. The Moquis are a happy and contented people and only ask to be let

alone and not disturbed in their home life. They are friendly to strangers but resent interference and resist coercion. No vice nor crime is known to exist among them and they have no use for courts or jails . What they most need is instruction in sanitation and cleanliness. Owing to the scarcity of water and the dfficulty of getting it, is it surprising that these people are not quite as clean as they might be?

The Moquis are a very religious people, connecting some religious significance with almost every object in use, or occurence in daily life. If they want anything all they have to do is to pray for it, when they believe they will surely get it. They are apt to associate their desire with something tangible which is usually a prayer stick made of feathers. This is placed on a prayer altar where it remains to be answered while the devotee goes about his work. A prayer is also often seen suspended from the ceiling in the form of a feather tied to a string. The more elaborate and effective methods of prayer are accompanied by intricate and prolonged ceremonies that include singing and dancing. There is scarcely a day in the year in which some religious ceremony, dance or festival is not on the docket. Feathers fill an important place in all these functions and to have them ready for use when needed they keep constantly on hand a supply of eagles and turkeys to furnish them. The eagles are held captive by tieing them fast by a foot with a cord to the housetop, but the turkeys, being tame, are permitted to run at large.

The snake dance is perhaps the most earnest, serious and solemn of all their religious festivals. It occurs once a year sometime during the month of August and lasts nine days. It is an elaborate prayer for rain that takes place at a time when rain is most needed and is usually followed by a copious downpour. The ceremony includes fasting and prayer with singing and dancing in the sacred Kiva and ends with a snake dance in the open plaza. From one to two hundred reptiles are used in each dance and the most of these are rattlesnakes. They are held in the mouth by the snake priests while they dance, when the snake is supposed to receive the message for rain from the dancer which is carried to the rain god as soon as the snake is liberated after the dance. The rattlesnake is prized above every other member of the snake family and is symbolic of a rainstorm. The spots on its body represent clouds, the forked tongue lightning and the rattles thunder. The dancers are sometimes bitten but no harm ever results as they have a secret medicine that acts as an antidote to the poison. Only the snake priestess and her understudy know what the concoction contains.

The Moquis are expert with snakes and must have taken

lessons from the eagle to acquire their skill. When the eagle attacks a snake he does not pounce upon it at once, but hovers in midair and takes observation of the situation, watching his chance to make a safe and successful killing. If the snake is coiled and shows fight he fans it with his wings until it uncoils and starts to run away when he grasps it in his talons and flies to his perch where he disposes of it at his leisure. In catching snakes the Moqui practices the same ruse as the eagle. He plays the reptile with a feather whip which removes all desire to fight and it then seeks safty in flight. As the snake hurries to get away it is deftly picked up and either carried in the hand, or dropped into a bag carried for that purpose.

The Moquis have a number of clans or secret orders and elaborate regalias and lodge paraphernalia. Their ability to originate such a variety of performance with suitable costumes to match, alone marks them a highly gifted and intellectual people as judged by our own standard. It was our good fortune to witness by mere chance a catcina dance during our recent visit to Walpi which, like the snake dance, is also for the purpose of invoking rain. The dance was repeated at regular intervals during two days and was not only a ceremony of serious import, but also presented a spectacle of barbaric splendor.

As a people the Moquis are very conservative and slow to make changes either in costume or mode of living. Because of this peculiar steadfastness and, perhaps, also on account of their remoteness from civilization, they retain more of their native customs and originality than do any of the other tribes. Influences, however, have been at work for many years trying to make innovations that have, in a measure, succeeded and divided them into two factions known as the Friendlies and Hostiles. The former are willing to make changes and become modernized while the latter are opposed to all change and prefer to follow in the footsteps of their fathers. Two years ago the contest between the two factions waged so bitter that it ended in an open rupture and separation. The hostiles left their homes in Oraibi to the number of about 400, so that the village is nearly deserted and moved to a new site on the third mesa six miles away where they built a new town and called it Hutovila. Here the hostiles are gathered in a last effort to resist the demon of change and determined to preserve, if possible, their original purity and independence.

A difference is already noticable in the manners of the members composing the two factions. The hostiles stand for a simple life with all that implies of honesty, industry and hospitality, and hold sacred the customs and traditions that have been

handed down from the past. The friendlies on the other hand, try to imitate the white man but are only spoiled in the process of making. They have at least learned one lesson, our method of grab and graft and will do nothing without pay. In 1901 when I saw the snake dance for the first time at Walpi, our party of four rented from a friendly a vacant house at the foot of the mesa for the sum of $1.50 for the four days that we expected to remain. To our surprise our landlord called every day and collected his rent in the same amount. He also seemed to think that we ought to furnish free board to himself and all his male relatives, which estimated by the number that gathered about during meal time was not small, but here we drew the line and the hungry horde got nothing. A hostile under like circumstances, would not have broken his pledge nor offended their traditional hospitality by demanding pay. Again, on our late trip the friendlies asked for money before any of them would stand for a picture. A hostile would either have manifested indifference to such a proceeding, or else quietly vanished.

As an illustration of their unfeigned goodness I will cite but a single instance. During my stay in Oraibi in 1902, at the snake dance, I was asked to see a sick boy. On my leaving the house the mother gave me an ear of green corn, boiled. Its intrinsic value was small but it meant much to the giver as she was poor and the ear of corn might be sorely needed by herself and family before another crop of corn could grow. It was a most courteous and gracious act that expressed appreciation and betokened genuine hospitality.

It seems a pity that these innocent and inoffensive people should be pursued and molested in the mistaken notion that they are being benefitted. They should be allowed to choose their own means of happiness and not have unnecessary and disagreeable things forced upon them. This last bit of harmless and happy aboriginal life should be permitted to remain, if for no other reason than that it is an interesting relic of the past. To let it alone could not possibly injure any one and give peace and happiness again to a once free and independent people.

REPORT OF A CASE OF ACUTE MANIA.

Dr. M. E. Eastmen, Santa Barbara, Cal.

The history of this case from the time of illness to the time of recovery, is interesting and instructive, as it contrasts two lines of treatment, with probable results in one and definite results speaking for the other. The other interesting phase is evidenced by arriving at correct conclusions; getting at the cause of

a disease, and then following such a line of treatment as will produce certain, definite results.

Individual history of patient: Miss N. I., age, 26; weight, 110 pounds; normal weight 125 pounds; height 5 feet 6 inches. Light complexioned. Educated for school teacher, and been in educational institutions from childhood. Very studious; exacting in all her work; reticent, reserved, undemonstrative. Never has had but one or two close intimate friends, nor a sweetheart. Never participated in sexual things, nor masturbated.

Family history: Father living and enjoys very good health. Mother died of pulmonary tuberculosis in July 1907. Has four sisters, and two brothers living, and all healthy. One sister was demented for about one year following marriage, due to some injury of the pelvic organs, resultant of an accident. Details not possible to obtain. Two sisters dead; one from pulmonary tuberculosis; one in infancy.

Contributing causes of present illness. Was teaching in the public school at time of illness, and near close of the school year.

The work in the school had been very taxing and coupled with her exactness in having every exercise correct, necessitated many of her evenings being devoted to study and preparation for the succeeding day. Had worn glasses for a number of years, but as they were not suitable for eyes now, they were put aside and no others procured.

In 1901 contracted "Black-Measles," and before recovering suffered from an attack of pneumonia . Her life was despaired of during this illness, but in June was convalescing.

During the winter of the term of school in which she became ill, was much exercised upon not receiving a church letter from her home church. Circumstances, for which she was not responsible, nor knew of, prevented her receiving the letter, and in consequence of her sensitiveness, worried much about it.

Her mother being ill, and the family poor, Miss I. concerned herself much about the home finances, and in order to assist them, economized as much as possible while teaching.

On Halloween night, October 31, 1906, she became badly frightened, by having her apparel catch on fire. In a few minutes the flames were extinguished, yet it seem hours to her, as she later explained the effect of the circumstance.

Had a severe attack of La Grippe during the winter of 1906 and '07 and had not fully recovered from its effects, before the illness which I am writing about, came on.

Her appetite had been poor during most of the school year, and her habit was to partake of a light breakfast, consisting of rolls and coffee, cold lunches and light dinners.

During the month of June, 1907, the teachers noticed that Miss I. was somewhat changed in demeanor. Becoming petulant and when crossed was quite likely to show signs of anger. One day before the collapse, the principal had made a request for some little part to be taken in the closing exercises of the school, and it was not much to the liking of Miss I. As a result she entirely gave way to a fit of anger and crying.

The following day, June 3, feeling somewhat fatigued, she went to the rest room, and while there became unconscious. A physician who was at that moment passing the school, placed her in an automobile and took her home. As there was no one to care for her there, he immediately transferred her to a hospital and summoned her family physician.

Treatment: The data hereafter given, are taken from the nurses record, as per the hospital chart. June 3, 1907. Entered the hospital in afternoon. Patient restless and noisy. Physician prescribing Bromides ℥ss in hot milk. 8:00 p.m., 1-200 gr. Hyocine hyperdermatically. Slept well all night. Calomel grains, one was given, which produced a bowel movement by morning. Tuesday morning quiet most of the time, but not rational. Was given twenty ounces of milk during the day, but refused nourishment at night. Bromide ℥i was given at 10 p.m. and fell asleep at 12:00. Awakened at 4:00 p.m. and very noisy. 7:30 a.m. a hypo. of Hyocine 1-200 gr. was given. This line of treatment was continued up to the 9th with very little variation, excepting to increase the dose of Hyocine to 1-100 of a grain. On the 8th, an ice cap was ordered applied, but with no perceptible effect. Patient was noisy most of the time except when under the influence of Bromide or Hyocine. From the ninth to the sixteenth, Miss I. gradually became more noisy and unmanageable, only quiet when under the influence of drugs. The doses of Hyocine were given more frequently, and in one seventy-fifth of a grain. Would scarcely take any nourishment.

On June 17th, the writer was called in consultation. A change of quarters and other treatment instituted were conclusions arrived at. As there was no place in the city for the detention and care of such patients; and the relatives not caring to send Miss I. to a state or private institution, I was asked to take charge of the case.

A furnished cottage was rented near a park, and as much secluded as possible, and while under the influence of Hyocine the patient was transferred to her new quarters. Two nurses were assigned on the case, and an accurate record of details was kept of the progress of the patient until well. Soon after removing the patient to the cottage I made a complete physical examina-

tion. No trouble anywhere excepting a slight bronchitis. Haemoglobin test showed only 70% tendency to constipation, and patient retains urine. Removed only by catheterization.

After having make an examination of the patient, and studied the previous history of the case, I concluded acute mania was due to not having partaken of sufficient nourishment, while doing so much mental work. With these deductions being correct the general treatment resolved itself into getting more nourishment down the patient, combined with rest.

Rather than give here the record of the case from day to day, I will give the line of treatment prescribed, and the results obtained.

Treatment: Cold mitten friction morning and afternoon. This for its tonic effect. Neutral bath at bedtime for from thirty minutes to an hour, as needed. This was to assist in overcoming the insomnia, and quieting the patient. The first week the bath was used at about 100° Fhr., but gradually the temperature was lowered to 98° Fhr. The last dose of Hyocine was given June 20.

Enemas were ordered daily, if necessary to secure a good bowel movement. To offset the debilitating and relaxing effect of so much hot water to the lower bowel, a pint of cold water was injected at the close of every enema.

An ice cold abdominal compress was applied every night, after removing patient to the bed from the tub. The effect of this compress is a tonic to the muscular walls of the intestinal tract, and when warm, assists in overcoming insomnia, by keeping the abdominal vessels full of blood.

A cystitis developed on account of patient refusing to void the urine. Catheterization was resorted to every six hours and irrigation of the bladder with boric acid solution occasionally. The cystitis was overcome, but the urine had to be drawn for about three months, as she would refuse to use the receptacle provided, and nearly always pass the urine in the bed.

The following medicine was ordered given every three hours: Sp. Passiflora M 10; Sp. Cannabis M 3. This prescription was continued for a month, with an occasional dose of Belladonna, when indicated, and sometimes Gelsemium. After four weeks Hyoscyamus was tried for one week, but with the result of causing the patient to be more noisy. The only medication from this time was one half grain pills of Opium three times a day.

The diet: This was the most important feature of the treatment. When left to the patient for the taking of nourishment, she did not get any, as she would not eat. To overcome this I provided the nurses with a stomach tube, and a wooden cork three inches long, and about an inch in diameter. Whenever

Miss I. would not take her food the tube was resorted to. It was kept in a carbolized solution when not in use, and sterilized by boiling twice a week.

The kind and amount of food to each feeding were as follows: Milk with the cream, sixteen ounces; malted nuts, two teaspoonsful; one egg, uncooked; and Meltose one ounce. The milk and egg were given together; The meltose and malted nuts were prepared in a glass of hot water. This ration was given every four hours, except at night. The only change in this diet for three months was the increasing of the number of eggs to six a day. It was necessary to use the stomach tube nearly all of this time. And from a pale, hollow eyed, careworn, emaciated, skeleton, this young lady developed into a bright-eyed, rosy-cheeked, plump young school teacher, weighing 119 pounds in September.

Exercise for an hour daily about the house, until strong enough to be out of doors. The patient was so noisy and hilarious during the first three months' treatment that she was confined to her room most of the time. Exercise seemed to increase her nervousness and make her more excitable, so she was kept in bed continuously except when changing soiled for fresh linen and when taking the neutral bath. In order to keep her in bed night or day, her hands and feet were securely fastened.

After the first month of treatment there were occasional lapses into a rational state of mind, but only for a few minutes at a time. During August much improvement was noticed. This continued without interruption until November 1907, when she was discharged as cured. Advice to take a rest, from all mental work for one year, and live out of doors as much as possible.

At this writing the little lady is strong and well, with no symptoms of the mental trouble.

MARASMUS.

B. J. A. DENKINGER, M. D., Boston, Mass.

Synonyms: Athrepsia, Infantile, Atrophy, Simple Wasting. Simply defined, marasmus is a disease of nutrition, whose essential feature is wasting. As Rotch puts it: "It is a condition in which extreme atrophy of all the soft tissues takes place without demonstrable disease of any of the organs." No sharp line can be drawn between marasmus and simple malnutrition. (Kerley describes malnutrition as the first stage of marasmus).

Despite the numerous hypotheses advanced by American and European authorities, "There is as yet no convincing evidence of constant gross or histological changes in the intestines or liver

in marasmus'' (Wentworth), and the true pathology of marasmus may be said to be still unknown.

On one point, however, all authorities agree, viz.: That the disease is always associated with grave impairment of the digestive function, and especially with defective intestinal assimilation.

The disease is most frequent during the first six or eight months, less frequent from the eighth to the twelfth month and comparatively rare from the twelfth to the eighteenth month. It is much more common in the city than in the country, and is particularly frequent in dispensary practice and in institutions. It is rare among breast-fed infants. According to Holt, the disease is very frequent among premature children and the illegitimate offspring of girls of sixteen to eighteen, indicating that the disease is associated with more or less constitutional weakness or low vitality.

It is more than probable that a number of factors are concerned in the etiology of this disease, but improper food is undoubtedly the most frequent cause of it. By ''improper food'' is meant that the infant does not obtain the quality and quantity of nutriment required for its own peculiar needs. In the language of Rotch: ''The disease is extremely rare in infants who are fed from the very beginning on a proper modification of milk, adapted to the infant's nutritive development.''

If we inquire into the feeding history of artifically-fed marantic infants, it is comparatively rare to find cases where the food supply has been insufficient. Overfeeding seems to be the rule rather than the exception. The food is frequently excessive in quantity and too rich in quality, but more often the infant is over-fed with milk, poor in quality and unsuited to its individual powers of digestion.

Besides constitutional defects and ''food causes,'' the disease is favored by bad air and other unhygienic surroundings and long continued disturbances of digestion.

As to the symptoms of marasmus, it may be said that the appetite of marantic infants is generally good, often enormous and only in the most severe case, poor.

The stools are frequently normal in appearance, but are very large in proportion to food taken. (The infant eats much, but absorbs very little). The odor of the stools is often peculiarly offensive and putrid. Vomiting is by no means common. The most constant symptom is a steady loss in weight, a rapid disappearance in adipose tissue and atrophy of muscle, resulting in a most striking physiognomy. The infant seems to be reduced to skin and bone and has the appearance of a little old man or living

skeleton. The skin, having lost its tone, is "all wrinkles" and hangs in folds. The face is thin and pinched, pale or of leaden hue and has a peculiar "old" look, and bears a striking resemblance to a monkey or fetus, the cheekbones are prominent, cheeks and temples hollow, chin pointed, giving the mouth the appearance of great size, the fontaneles are sunken, the eyes are deep-lying and have the appearance of great size. The expression is either dull or vacant, or tired and anxious. The tongue is coated and dry, the extremities are cold, often cyanotic, the hands are more like "birds' claws." The abdomen is either very flat from atrophy of the intestinal and mesenteric tissues or else prominent from distension with gas.

The temperature is usually subnormal, the pulse rapid, but feeble, the breathing shallow. Bed sores over the sacrum, occiput and heels are quite common, also redness and excoriation of the buttocks, especially when the stools are very acid. Some marantic infants cry a great deal, but more frequently they are quiet and listless; they sleep much with but little change in position, and only fret and whine when disturbed.

The prognosis is generally bad. The chances of recovery at the age of eight months or one year are much better than at four months, as the former ages are evidence of pretty strong vitality. The prognosis is, of course, much worse in cases of long duration. In institutions the disease is almost invariably fatal.

As to treatment, this seems to be one of the diseases where drug treatment seems to be practically useless, the proper food and feeding and favorable hygienic surroundings—everything. All authorities are in agreement that the food-remedy par excellence is breast milk. The results of breast-feeding on marantic infants have, in the main, been so very favorable, that it should be tried without delay whenever practical, and artificial feeding should only be resorted to when a wet nurse is unobtainable or impractical or has proved a failure. Along with breast milk, the marantic infant should live in the open as much as possible where it can secure plenty of fresh air and sunlight.

As to artificial feeding. First. Quantity of food. The quantity of food should be governed by the powers of the intestinal absorbents of the sick infant and not by the seeming demands of the baby's appetite. The baby's weight, rather than its age, should be our guide in the quantity of food given, and only so much food should be given as seems to be properly taken care of by its weakened digestive and absorbent systems.

Our aim should be to insure complete assimilation of what is given before increasing the quantity of food.

Second; Quality of food. All authorities agree, and all

metabolism observations show, that atrophic infants assimilate fats very badly. Sugar on the other hand, is absorbed readily and in rather large amounts.

Milk casein is poorly absorbed in marasmus, but if proteids are administered in soluble form, as in whey or the soluble albumenoids of cereals, fairly high proteids (1-1.50 per cent., or even more) may be given.

This would point to a food mixture containing a comparatively large percentage of sugar, a fair amount of soluble albumenoids and very little fat.

Rotch begins with a mixture containing: Fat as low as 0.50 per cent.; Sugar, 6 per cent.; Proteids, 1 per cent.

As the infant increases in weight, he increases the fat percentage, but for a number of weeks not above one or two per cent.

Keller, to whom we owe much of our present knowledge of marasmus, also advocates a food-mixture, which in addition to being distinctly alkaline in reaction, is low in fat and proteid, but relatively high in sugar, preferably maltose. His reasons for prefering maltose to other sugars are as follows: Maltose is superior to other sugars to increase body weight, in other words, is more assimilable; he also found that maltose produced less gastro-intestinal disturbance than other sugars. Heubner, too, found that maltose is better utilized by the organism of the sick infant than lactose and other sugars. The assimilation limit is also higher for maltose than other sugars.

Koplik highly indorses the Keller method of feeding "malt-soups," or dextrinized gruels, in cases of marasmus. To quote Koplik: "It is one of the most useful methods of feeding marantic infants, and one in which a great number of cases of atrophy has given brilliant results. I have used this method of feeding in cases in which all other known methods have failed. These children had been fed on modified milk prescribed in a most careful manner by men who may be considered skillful in its administration." The chief objection to the home-made malt-soups of Keller, as well as the dextrinized gruels made familiar to us by Chapin, is that they require great care and much time for their proper preparation. I have never been able to see wherein they possess the slightest advantage over the plain malted or Liebig foods, of which Horlick's food is a good example.

By varying the proportion of the malted food and milk and water, any practically desirable mixture can be obtained and the food adapted to the digestive capacity and nutritive requirements of the individual infant.

Equally efficacious in the feeding of marantic infants is malted milk (Horlicks). This preparation requires the addition

of water only and assures us a good quality of milk. This food has given me most gratifying results. I begin with a heaping teaspoonful of malted milk, dissolved in three ounces of water, increasing the amount of malted milk very gradually.

Butter-milk has also a well deserved reputation in the feeding of marantic infants, and is well worthy of trial, but care should be taken to secure a clean and fresh supply.

Asses milk, being low in fat and containing proteids in very digestible form, has also proven most useful in the treatment of marasmus, but the difficulty in obtaining it makes its employment rather impractical.

Freshly expressed beef juice has also given good results and may be given in alteration with the other food mixtures. Orange juice too has been used with benefit.

Water should be given freely, but in small amounts. Great care should be taken to keep the infant, especially the extremities, warm, by wrapping it in wool or flannel. It is also well to rub the infant well with olive oil. Daily massage and alcohol rubs are highly recommended by Tuttle.

To remove bacterial poisons and toxins the digestive tract should be cleaned out by means of calomel or castor oil or enemas of salt and water. It should be remembered, however, that barring the necessary therapeutic measures requiring manipulation, the infant should be disturbed as little as possible. (Transactons of the National Eclectic Medical Association).

QUESTIONS OF THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA, AUG. 4, 1908.

PATHOLOGY.

1. What are the etiologic factors in myocardial degenerations? Describe the microscopic features of the various forms.
2. Describe the autopsy appearance of the different varieties of pleuritis. What are characterized cells in the exudates?
3. Name the vegetable parasites that may infest the epidermis. Describe the gross appearance of the skin lesions in coccidioides.
4. Discuss the theories of hyper-thyroidism and hypo-thyroidism.
5. Give the post-mortem findings in a typical case of chronic interstitial nephritis.
6. What are the distinguishing hematological features in chlorosis, secondary anemia and pernicious anemia?
7. What is the etiology of cholelithiasis, and what pathologic changes may result in the gall bladder and contiguous viscera?
8. Discuss the surgical complications of typhoid fever.
9. Report on microscopic specimens.
10. Report on gross pathologic specimens.

PHYSIOLOGY.

1. Describe the varieties and function of the white blood cells.
2. Discuss briefly the digestion of proteid foods.

3. Describe fully the movements of the intestines during digestion.

4. (a) If lipase be added to fat in a test tube, explain the action of the enzyme. (b) Why is the digestion incomplete?

5. Describe the gaseous interchanges occurring in the lungs and the circulating blood.

6. (a) What is meant by the terms: Central motor neuron and peripheral neuron? (b) Describe a ganglion cell of the cerebral cortex.

7. What tissues receive their nerve supply from the third cranial nerve?

8. (a) When a nerve trunk is cut, what becomes of the peripheral stump? (b) If the severed ends are brought together by sutures, will this prevent degeneration in the peripheral end?

9. Differentiate between cerebral and spinal paralyses in (a) reflexes, (b) electrical reactions of muscles, and (c) nutrition of muscles.

10. Define: (a) hybrid, (b) macula lutea, (c) emmetropia, (d) lochia, (e) hemolysin, (f) dyspnea, (g) tenesmus, (h) dialysis, (i) micturition, (j) amylopsin.

GYNAECOLOGY.

1. Diagnose atresia of the vagina from congenital absence of the same.

2. Diagnose and give the treatment of prolapse of the urethra.

3. What is meant by pyometra? Give causes and treatment.

4. What would you consider inoperable carcinoma of the cervix, why, and what would be your palliative treatment of the case?

5. Give diagnosis and complications of a case of gonorrhoea in a woman.

6. Give five causes of oophoritis.

7. What is deciduoma malignam, its symptoms and treatment?

8. Describe the operation of abdominal hysterectomy in a simple case

9. When should you drain in abdominal operations?

10. What complications may follow draining?

ANATOMY.

1. Describe the subarachnoid space and its connection with the ventricles.

2. What structural characteristics of the skull tend to preserve the brain from injury?

3. Describe the external jugular vein.

4. What nerve governs (a) extension of the forearm, wrist and fingers, (b) flexion of the forearm, (c) flexion of the wrist and fingers, (d) pronation of the hand, (e) supination of the hand, (f) abduction and adduction of the fingers?

5. What muscles are attached to (a) lesser trochanter of the femur, (b) corocoid process of the scapula, (c) pisiform bone, (d) head of the fibula, (c) lower angle of the scapula, (f) tubercle on the upper border of the first rib, (g) anterior inferior spine of the ilium?

6. (a) What bony points on the posterior surface of the pelvis are at the level of the center of the sacro-iliac symphysis? (b) Between what bony points should measurements be taken to determine the length of the lower extremities? (c) What vertebral spine marks the lower limit of the membranes of the spinal cord and the cerebro-spinal fluid? (d) Between what bony points should a line be drawn to determine the normal position of the great trochanter of the fe-

mur? (e) What point on the thigh lies directly over the anterior surface of the capsule of the hip joint?

7. (a) What relation have the external and internal abdominal rings and the femoral ring to poupart's ligament (b) What are the boundaries of Hesselbach's triangle?

8. Give the surface markings of the deep and superficial palmar arches and tell what arteries form them?

9. Give the surface markings of the heart.

10. Give the surface markings of the liver.

GENERAL DIAGNOSIS.

1. Differentiate cardiac hypertrophy and cardiac dilatation.
2. Differential diagnosis of pleuritic and pericardial effusion.
3. Differentiate intestinal colic, uterine colic and renal colic.
4. Describe the anatomic varieties of abdominal hernia.
5. Discuss the early diagnosis of pulmonary tuberculosis.
6. State the causes of exophthalmus.
7. What structures are involved in bubonic plague? How are these structures affected?
8. What organs are subject to tuberculosis?
9. Mention the varieties of eczema.
10. What is the practical import of hematuria and how can its source be diagnosed?

OBSTETRICS.

1. Describe, give pathology, care and treatment of gestational neurosis.

2. Name five causes of retained placenta, and give treatment of each.

3. (a) Give normal length of umbilical cord. (b) Symptoms, dangers and treatment of abnormally short cord. (c) Symptoms, dangers and treatment of abnormally long cord.

4. What clinical symptoms will cause you to fear a retroverted uterus interfering with pregnancy; when and what is the greatest danger from this cause, and give treatment.

5. What clinical symptoms would lead you to fear toxemia of pregnancy? How would you verify or disprove it, and give treatment.

6. What clinical symptoms during the later months of pregnancy would lead you to fear puerpural convulsions, and what would you do to lessen the danger?

7. Describe the conditions present and tell the symptoms during labor that would cause you to fear post-partum hemorrhage, and what would you do to minimize the danger?

8. Give cause, pathology and treatment of Plegmasia Alba Dolens.

9. State in full what directions you would give a patient for care of herself for the eight weeks following labor; general hygiene; diet; exercise, etc.

10. Describe the conditions calling for the use of the perforator, the cranioclast, or the cephalotribe.

BACTERIOLOGY.

1. State briefly the processes of preparing the following media: (a) Bouillon, (b) blood serum.

2. In case of suspected diphtheria state the technic of taking a culture from the throat, the preferable culture medium, the time and temperature of incubation, the preferable stain and process of staining.

3. Name a suitable culture medium for growing the gonococcus:

(a) Upon what observations does a diagnosis of gonorrhea rest?

(b) How may the gonococcus be differentiated from the ordinary cocci of suppuration?

(c) Name one pathogenic organism morphologically similar to the gonococcus.

4. Name five pathogenic organisms which are negative to Gram's method of staining.

(a) Name five pathogenic organisms which are positive to Gram's method of staining.

5. Describe the morphological appearance of the bacillus typhosus.

(a) Name two groups of pathogenic organisms from which the bacillus typhosus must be differentiated.

(b) How would you differentiate them?

6. (a) What pathogenic organisms are commonly found in urine?

(b) What non-pathogenic organisms and under what conditions?

(c) How would you demonstrate the presence of tubercle bacilli in the urine?

(d) With what organism may the tubercle bacillus in urine be confused?

(e) State the technic of the microscopic examination of urine for bacteria.

7. Name four therapeutic agents derived from the bacillus tuberculosis and state the theory of their use.

8. Describe the protective agencies by which the body guards itself against the entrance and harmful effects of pathogenic bacteria.

9. Examination of two slides.

10. Examination of two slides.

HISTOLOGY.

1. Describe the histological structure of the cochlea of the ear.
2. Describe the histological structure of the cerebral cortex.
3. Describe the histological structure of the mammary glands.
4. Draw a diagram of a cross section of the wall of the urinary bladder showing histological structure.
5. Name the histological characteristics of the cardiac muscle.
6. Name and describe the different varities of epithelium.
7. Describe the histological structure of the lungs.
8. Two specimens.
9. Two specimens.
10. Two specimens.

HYGIENE.

1. Distinguish between endemic and epidemic diseases.
2. Describe a modern system of artificial ventilation.
3. What reasons can you give for not using personal clothing or toilet articles used by other people?
4. Give the incubation periods of five important infectious diseases.
5. How may sewer gas become dangerous to public health?
6. In what ways do gonorrhoea and syphilis influence population?
7. What diseases are known to be carried by animals and insects?
8. Give the technic for microscopic examination of meat for trichina?
9. Tabulate in the order of their importance the ways in which typhoid may be transmitted.
10. In the prophylactic treatment of syphilis what methods are being used and with what degree of success?

CHEMISTRY AND TOXICOLOGY.

1. Give the chemistry of carbohydrate digestion. (a) in the mouth; (b) in the stomach; (c) in the intestine.

2. Give the chemistry of proteid digestion as above.

3. (a) What is meant by nitrogen equilibrium?

(b) What are the normal daily limits of urea elimination in the urine?

(c) Explain the formation of urea and state how the output is increased.

(d) Explain the formation of uric acid and state how its output is increased.

4. Give the chemical composition of human milk and cow's milk in percentages.

5. State the chemical composition of: (a) Blood. (b) Lymph. (c) Urine.

6. Define: (a) Acid. (b) Base. (c) Salt. (d) Osmosis. (e) Hydrolysis.

7. What are the normal limits, one hour after a test breakfast of: (a) Total gastric acidity? (b) Combined HCl.? (c) Free HCl.? (d) Describe the quantitative estimation of a. b. c.

8. (a) Describe two qualitative tests for albumen in the urine.

(b) Describe one quantitave test for albumen in the urine.

(c) Describe one qualitative and one quantitative test for glucose in the urine.

(d) Describe a test for bile pigments in the urine.

(e) Describe a test for bile salts in the urine.

9. State the toxicological effect of carbolic acid and the therapeutic measures you would employ in a case of poisoning.

10. (a) What is the antidote for arsenious anhydrid poisoning?

(b) Give a formula for manufacturing this antidote.

(c) Give a test for arsenic in stomach contents.

Test the vision carefully in every case of ocular injury, even if it is apparently nothing but a "black eye."—*American Journal of Surgery.*

Recurrent attacks of inflamed lids, conjunctivitis, or corneal ulcer *in one eye,* suggest an infected lacrimal sac. Pressure over the inner canthus will generally cause muco-pus to present in the puncta.—*American Journal of Surgery.*

When a grey or blue eye turns brown and loses sight, after an injury, one may be almost sure of a chip of steel or iron in the globe, that is slowly rusting (siderosis).—*American Journal of Surgery.*

Avoid bichlorid solutions in eye work, as much as possible. After cocain has been used, they may cause a permanent opacity of the cornea.—*American Journal of Surgery.*

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE VALUE OF AN INTERNSHIP.

It is the prevailing custom for the man who has just graduated from a medical college, to seek an internship in some charitable hospital. Should he be successful in this endeavor it is concluded that he has accomplished much; for does not the experience which he expects to gain therein put the finishing touches on his professional education, and make him competent to treat his prospective patients in the latest approved fashion? Possibly this is true. In fact we are willing to admit that it is true. And yet it is seldom that we see one of these men make a real success of his professional life. Usually he quits the profession entirely, though some of them by great perseverence finally find their feet at the end of ten years or so of precarious existence. This is not as it should be and the writer ventures to suggest some of the reasons therefor.

Notwithstanding the growing tendency to specialize, there is the ever present demand for a doctor who can go from home to home and successfully care for the little girl who has eaten too much candy, the over grown boy with the measles and the pater familia who has caught cold and is sure he is going to die, though he makes a painful effort to be brave. Can the specialist do any of these things? Certainly not. To him the place would be a residence, not a home, and he would stand around in an aimless kind of way trying to think what he ought to do. Probably he

was successful in general practice twenty years before, and hazy recollections of how he used to do it will help him to hold the case until the family physician arrives. He is a "has-been" for this class of work. But the recent hospital graduate is not a "has-been." He never was and probably he never will be. What possible similarity is there between treating a lot of pauper chronics in a hospital ward and any one of the cases suggested? The surroundings are different, the diseases are different, the people are different. Doubtless it is very interesting to learn how to treat paupers, but of what use is it in learning the practice of medicine? How is a man going to make a living treating paupers? If a man has made a success in the general practice and learned some of the things not found in the text books and wishes to prepare himself for a certain speciality; that is a different matter. He has laid a solid foundation, his character is formed, he is prepared to separate the wheat from the chaff, to garner the occasional kernal. He will see all that is worth while and profit thereby. But the recent graduate sees almost nothing. He is impressed by the pompous manner in which the "professor" goes through the ward and hastily "hits off" this patient with a favorite prescription and that patient with another. If he is more observing than the average he will learn that the prescriptions are usually useless, but he will probably not discover that this is because the prescription did not fit the case. The next step is medical nihilism. And with a young man whose character is easily moulded is it a wonder that in a charitable hospital it is so warped that he often comes out a monstrosity? The regretable part is that he does not know it. There is so much that he now must learn before he can make a beginning. He is a great deal worse off than he would be if he had received no hospital training whatever.

Personally we believe in the old fashioned way of having a preceptor. It has been argued that he is not a good teacher, and doubtless this is true if by the word teacher, is meant a man who can prepare a student to pass a state board examination. But we aver that the successful general practitioner is always a good teacher of the essentials in the practice of medicine. The young are unconscious imitators and constant association makes a student like his preceptor. In ancient times a disciple thus absorbed wisdom from his master. Not very much vocal instruction was deemed necessary. It was a good way then and it is a good way even now. Furthermore a student instructed in this way will be well balanced. He knows of his own knowledge that certain drugs combat certain wrong conditions, and he does not readily give up an old tried drug for a new one the virtues of which are

loudly proclaimed but as yet unknown. He has already learned that a change is not necessarily an advancement. He has a stability which remains unshaken through an active responsible practice. Continuing steadfast, in later years he wlll reflect upon the rise and fall of new methods and new remedies brought about by the aimless scramble for an automatic cure which will work without the necessity of much thinking.

Eclectic methods and Eclectic remedies are old, but not passé.

TRACE THEIR ORIGIN TO CLIFF DWELLERS—SCIENTISTS DISCOVER MANY STRIKING PROOFS.

Descent of Noted Indians from Ancient Civilization Shown by Relics and Modern Habits of Tribe.

Just what place the ancient cliff dwellers of Arizona and New Mexico occupy in the "Who's Who" of ethnology comes very near being determined by the recent exploring expedition undertaken by Prof. John Uri Lloyd of Cincinnati, Dr. J. A. Munk and Dr. O. C. Welbourn of Los Angeles.

The party, which has just returned from a six weeks' stay near Gallup, N. M., asserts with conviction as a result of its investigations that the Moki Indian is the direct descendent of the cliff dweller, who lived so long ago that his chronological epoch is in doubt.

The identification of the relationship between the Moki and the cliff dweller was made by means of fragments of pottery of the two races.

Prof. Lloyd is emeritus professor of chemistry and head of the Eclectic Institute of Cincinnati. He is perhaps best known as the author of "Stringtown on the Pike." Last year he went to Arabia at the request of the Smithsonian institute of Washington to study Arab types. With his brother C. G. Lloyd, he founded the Lloyd library, devoted to American medicinal plants.

Prof. Lloyd was accompanied by his wife and two daughters who are experienced travelers. * * * *

Dr. J. A. Munk is an authority on Arizona and he is the author of "Arizona Sketches." He possesses the best library on Arizona that is in existence. Dr. Welbourn has traveled extensively in Korea and Japan and rendered valuable assistance on account of his knowledge of Mongolian types. * * * *

"We started from Gallup," said Dr. Welbourn yesterday, "made up our pack train there and proceeded to the Chin Lee settlement of the Navajo Indians at canyon de Chelly. We stu-

died the pottery of the Mokis and the Navajos, and then collected a lot of fragment of cliff dwellers' pottery which we found in the ravines, where they had been thrown centuries before. When Coronado visited Arizona in 1540, the cliff dwellings were deserted and broken as they are today.

"The Mokis today live in the same way that the cliff dwellers did. All they want is a cave, water and a little piece of tillable land. They can raise corn where a white man would fail. A piece of sandy soil with almost no water will produce grain for the Moki, but not for the white man. It is known as the dry process of farming.

Another similarity between the two peoples is their preference for altitude. The government built the Mokis comfortable homes at the base of the cliff some time ago. The tribe moved down and lived there a short while; then they moved back into their houses on the cliff. One reason was that altitude insures immunity from flies and mosquitos. It also furnishes protection against natural enemies. The Mokis live about 350 feet above the plains.

"A comparison of the pottery furnished the most valued proof that the cliff dweller is the antecedent of the Moki. The character of the art of the two peoples cannot be distinguished from one another, while the pottery of the Navajo is entirely different."—*Los Angeles Herald.*

WATCH YOURSELF GO BY.

By Strickland W. Gillian.

Just stand aside and watch yourself go by,
Think of yourself as "he" instead of "I,"
Note closely, as in other men you note,
The bag-kneed trousers and the seedy coat.
Pick flaws; find fault; forget the man in you,
And strive to make your estimate ring true,
Confront yourself and look you in the eye—
Just stand aside and watch yourself go by.

Interpret all your motives just as though
You looked on one whose aims you did not know.
Let undisguised contempt surge through you when
You see you shirk, O commonest men!
Despise your cowardice; condemn whate'er
You note of falseness in you any where.
Defend not one defect that shames your eye—
Just stand aside and watch yourself go by.

And then, with eyes unveiled to what you loathe—
To sins that with sweet charity you'd clothe—
Back to your self-walled tenement you'll go
With tolerance for all who dwell below.
The fault of others then will dwarf and shrink,
Love's chain grow stronger by one mighty link,
When you, with "he" as substitute for "I."
Have stood aside and watched yourself go by.—**Ex.**

HOW NOT TO RECOGNIZE DISEASE.

That some physicians diagnose ailments, in certain cases, not from actual examination of the patient, but from what is told them by other persons, is the somewhat disquieting accusation made by the *Dietetic and Hygienic Gazette* (October). Says a writer in this magazine:

"We have frequently asked ourselves how many times a diagnosis is made by physicians, especially in somewhat obscure cases, by suggestion from the family or friends. Let us illustrate by citing a case, which for our purpose may be considered a hypothetical one. A lady is taken suddenly dangerously ill at midnight, the family physician is hurriedly sent for, and is told by the husband and mother before entering the sick chamber that the patient partook of a portion of a bad fish for dinner. The mother is sure the fish was bad because it tasted tainted, further stating that she did not eat of her portion, rejecting the first bite; therefore, the patient must be suffering from ptomain poisoning. The physician finds his patient suffering greatly; there are nausea and vomiting, some fever, with rapid and feeble pulse, cramps in the limbs, and tenderness of the abdomen. Calomel is given, followed by a saline cathartic, brandy, and an opiate, with hot cloths over the abdomen. Thus the patient is left until noon the next day, with instructions to the attendant to give opiates often enough to quiet pain. Thirty-six hours from the onset of attack patient dies. Autopsy requested and made, disclosing death from a ruptured appendix. Now the question arises, would a proper diagnosis have been made if the suggestion of ptomain poisoning had not been given, and in that case could the patient have been saved by timely surgical procedures? The moral of this illustration is for the medical attendant to make the diagnosis in the sick chamber after examination of the patient, and not in an anteroom."—*Literary Digest.*

PRESIDENT'S SEMI-ANNUAL ADDRESS.

By John William Fyfe, M. D.

Delivered at the semi-annual meeting of the Connecticut Eclectic Medical Association.

Fellow Physicians: In accordance with time-honored custom, I welcome you to the fifty-second semi-annual meeting of the Connecticut Eclectic Medical Association. It would be gratifying to see a larger attendance here today, but the good and true Eclectics before me give ample assurance of a profitable meeting.

The Eclectic School of Medicine was never in better condition than it is at the present time. Our colleges are educating students who find no difficulty in passing the most stringent examining boards. In fact, in many instances, our students have received the highest rating. Our colleges, though not as large as some of the older institutions, are fully supplied with all necessary facilities for imparting a thorough medical education. This fact is especially noticeable in our New York college, where many costly improvements have been made during the present year. Our text-books are fully up to date, and cover all branches of study in which we differ from the other schools. In addition to our text-books we now have twelve well-conducted and prosperous journals earnestly devoted to specific medication.

It is true that the national and state directories do not contain the names of as many physicians calling themselves Eclectics as they did at one time, but the men who constituted the number formerly given in excess of the present numerical strength of the Eclectic school were never Eclectics in fact. They consisted of a class of men whose conduct was exceedingly reprehensible. Many of you undoubtedly remember that previous to the adoption of medical laws by the states a large class of itinerant practitioners were constantly traveling up and down the land. As the Eclectic treatment was different from that of the old school and becoming more popular with the people these mountebanks deemed it good business policy to get their names inserted in the directories and newspapers as Eclectics. While some of the earlier medical laws were not just what they should have been, they proved, contrary to the expectations of their authors, of great and lasting value to the Eclectic school, for by driving these fakirs and abortionists out of practice they prevented their continuing to drag its name down into their pool of filth by claiming to be members of it.

The removal of these undesirable persons from the directory lists is the principal cause of our membership appearing to be less than it was a number of years ago, but as a matter of fact there are more Eclectic graduates to-day than there have been

at any other time. It is, however, to be regretted that a few of our Eclectic graduates have listened to the voice of the tempter and accepted the invitations which have been fervently extended by medical politicians, who, having failed to accomplish the destruction of the Eclectic school by persecution, are now endeavoring to annihilate it by absorption. These politicians tells us that there is no difference n the schools, and purringly invite us to come into the fold and be clothed with the dignity of membership in the mighty old school and thereafter, like the lion and the lamb, lie down down together in peace and happiness, but the lamb must give up his identity and rest, as of old in the lion's belly.

In New York the medical politicians last winter introduced in the legislature a proposed law depriving the Eclectics and Homeopaths of their separate examining boards, but the Eclectics and Homeopaths united—as they always should and secured sufficient votes in the lower house to defeat the unjust bill. As soon, however, as the politicians discovered that their scheme was doomed they removed from their proposed law all reference to materia medica and inserted a clause licensing for six years the six or seven hundred osteopaths in that state and without any medical examination whatever. They in this way secured the influence of the osteopaths, and through the power of this influence, secured the passage of a law which does not require a physician to have any knowledge whatever of materia medica or therapeutics! This on instance of many shows the length to which these scheming politicians will go in order to ignore or humiliate Eclectic and Homeopathic physicians. But, gentlemen, if we prove ourselves men of principle and stand by our college and societies they can no more readily injure our school by tricks than they could in times past by persecution.

In referring to these designing politicians who evidently wish to control everything medical, I do not include the great and noble rank and file of the older school of medicine, for the greater number of them are disposed to deal fairly with us, although many of them believe that the time has arrived when the three schools of medicine should be united in one great body. But I think they are wrong, and that the time for such a union is far from being in sight. There is yet a great deal of work to be done before a union of the schools can become even desirable. We can do much better work as separate and independent schools. The old school has accomplished much of value to humanity along the more scientific lines of investigation, but in the field of materia medica its activities have been nearly worthless to the sick. So far as its own discoveries in materia medica are concerned it

stands but little in advance of its position fifty years ago. Take from it the remedies which have been discovered or developed by the Eclectics and its materia medica would be poor indeed.

While the Eclectic school has not accomplished any great results along the lines of the more scientific research, its earnest efforts along the lines of practical medicine have given to the world a materia medica which fully justifies its existence as a separate school of medicine. Its greatest work, however, is the development of the system of therapeutics known as Specific Medication, which is still improving, and which is evidently to become the greatest blessing ever vouchsafed to suffering humanity. As a separate school it has ever been the ambition of the Eclectics to excel all other schools in their knowledge of our indigenous materia medica. As members of the old school they would be likely to lose this commendable ambition and fall into the ways of the greater number. Thus the chosen work of the Eclectics would be neglected or cease altogether and the world would lose much as a result.

Now, gentlemen, it all depends upon you and I and each individual member throughout the land as to whether the Eclectic school of medicine shall continue a great and potent power for good, for in the course of nature the time will come when we must give way to other and younger men. Are we doing our best to provide for this emergency? Are we sending to our colleges young students in order that they may be prepared to take our places when the time comes for us to surrender the reins into other hands? If not, let every one of us, as we go to our homes, do so with a firm resolution to soon place in an Eclectic college at least one suitable young man or woman.—*Eclectic Review.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. Dr. M. Blanche Bolton. San Pedro, Cal., President: Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

NEWS ITEMS.

The opening lecture at the California Eclectic Medical College will be given on September 14.

Dr. Hanna Scott-Turner, Pomona, spent a few days at Hotel Virginia, Long Beach, recently.

Dr. W. L. Jerman has moved from Long Beach to a ranch located near Glendora.

Dr. A. P. Baird has returned from an enjoyable fishing trip in the San Gabriel Canyon.

Dr. and Mrs. M. B. Ketchum spent their vacation in Ocean Park during the past month.

Dr. F. G. de Stone has changed his address from 1860 Webster St., to Rooms 707 and 708 No. 10 Geary St., San Francisco.

Dr. J. W. Williams a graduate of the Class of 1908, California Eclectic Medical College expects to locate in Alaska.

Dr. M. Blanche Bolton, San Pedro, expects to take a vacation during the coming month. She will visit some mountain resort.

Dr. L. A. Perce entertained the members of the Los Angeles County Eclectic Medical Society at dinner on August 4th, at the Hotel Virginia, Long Beach.

The program for the eighteenth annual meeting of the Eclectic Medical Association of the State of Washington assured an interesting and profitable session.

Dr. J. Park Dougall attended the regular meeting of the State Board of Medical Examiners in San Francisco during the first week of August. There were more than a hundred applicants.

The next monthly meeting of the Los Angeles County Eclectic Medical Society will be held on September 1st, at the offices of Drs. Welbourn and Welbourn, 818 Security Building.

There were meetings of the faculty of the California Eclectic Medical College on the second and fourth Tuesdays in August, and there will be meetings on the second and fourth Tuesdays of September. It is important that every member attend these meetings.

DIED: Theodore Judson Higgins, M. D., Los Angeles, on August 10. during a short visit in San Francisco. Dr. Higgins

with his family recently moved to this city from the state of Texas. He was a member of the faculty of the California Eclectic Medical College, holding the Chair of Pathology. He was a most active worker for Eclecticism and his place will be a hard one to fill. The Journal extends sincerest sympathy to his bereaved family.

Dr. J. G. Tomkins has changed his address to 4025 24th St., San Francisco.

Dr. Ovid S. Laws has been on the sick list for the past few weeks.

Dr. H. V. Brown, Los Angeles is spending his vacation in the San Gabriel Mountains and will be gone until the middle of September.

Dr. Hamblin, Westboro, Missouri, writes that he wants a partner. He can put a bright, up-to-date man into a five thousand dollar yearly practice.

READING NOTICES.

sort of pain over the whole body, so often complained of by such patients, are as a rule relieved by this drug. * * * *

When using the drug in large doses, as in acute rheumatic fever, one should always use the salt prepared from oil of gaultheria. This has the advantage of not being depressant and gives better results, as it does not contain any of the impurities of the artificial preparations."—*Therapeutic Gazette*, July, 1908.

Physicians should bear in mind that all the salicylic acid in Tongaline is made from natural sources and it is on this account that the results are so uniformly beneficial.

Furthermore as an hepatic stimulant and for chronic constipation Tongaline cannot be equalled.

A large dose of antipyrin or quinin will clear up a frontal headache due to acute catarrh of an accessory sinus, by its astringent action on mucous membrane and consequent improvement of drainage.—*American Journal of Surgery.*

A large pupil in an aged patient is a danger signal, suggesting glaucoma with insidious onset.—*American Journal of Surgery.*

A STERILE EYE BATH.

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company.* That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable, and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups which will give happy results in many an emergency. It will be found invaluable for treating Ophthalmia, Conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

Directions.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline; fill with warm water. Holding the head forward, place the filled eye bath over the eye, then open and close the eye frequqently in the Glyco-Thymoline solution. No pain or discomfort follows the use of Glyco-Thymoline. It is soothing, non-irritating, and reduces inflammation rapidly.

*One of these eye baths will be sent free upon request.

PHYSICIANS ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

Table of Contents

ORIGINAL CONTRIBUTIONS: Page

Medical Resources of Southern California, Ovid S. Laws, M.D. 133

The Best People on Earth, J. A. Munk, M.D. 134

Report of a Case of Acute Mania, M. E. Eastmen, M.D., 139

Marasmus, J. A. Denkinger, M.D., ... 143

Questions of the Board of Medical Examiners of California 147

Watch Yourself Go By 155

EDITORIAL:

The Value of an Internship 152

SELECTIONS:

Trace Their Origin to Cliff Dwellers 154

How Not to Recognize Disease 156

President's Semi-Annual Address 157

NEWS ITEMS 160

READING NOTICES 161

Index to Advertisers

American Apothecaries Co. x

American Medical College xiv

Antikamnia viii

Antiphlogistine, Denver Chem. Co. .. i

Battle and Co. xii

Bennett Medical College xv

Bovinine Company vii

Bristol-Myers Co. v

California Eclectic College xviii

California Fig Syrup Co. xi

Dad Chemical Co. xv

Dean Drug Co. vi

Deimal Linen-Mesh Co. ix

Eclectic Medical College viii

Eclectic Medical Institute xiv

Eclectic Publications xvii

Fellows Co. ..... Cover 2

Irving Sanatorium vi

John B. Daniel ..... Cover 4

Katharmon Chemical Co. iii

Katharmon Chemical Co. xv

Kress and Owen Co. v

Laughlin Mfg. Co. xiii

Lloyd Bros. ii

L. A. Eclectic Policlinic xviii

Meller Drug Co. ..... Cover 4

M. J. Breitenbach Co. x

Od Chemical Co. xiv

Pacific Surgical Mfg. Co. xvii

Parke, Davis and Co. ..... Cover 1

Peacock Chemical Co. xiii

Phelan's Addition, Oklahoma City. xvi

Ralph Sanitarium xii

Rio Chemical Co. v

Santa Barbara Sanitarium vii

Sam J. Gorman Co. iv

Southern California Printing Co. .. ix

Sultan Drug Co. xvi

Westlake Hospital iii

Auto-infection

as a result of
gastro-intestinal fermentation due to torpid liver, digestive derangement and a disturbance of the vaso-motor system is often the cause of rheumatism and similar complaints.

Tongaline by its marked eliminative action on the liver, the bowels, the kidneys and the pores will expel the poisonous secretions promptly and thoroughly.

In the treatment of malarial conditions the use of Tongaline as an adjuvant to Quinine will be attended with most beneficial results.

Samples by express prepaid - Mellier Drug Company, St. Louis

PASSIFLORA

(DANIEL'S CONCT. TINCT.)

THE TRUE SEDATIVE

A natural nerve-food containing no morphine, opium or other deleterious ingredient. DANIEL'S PASSIFLORA is the concentrated tincture of the May Pop—a plant of superlative value as a nervine and narcotic—induces natural rest without reaction and imparts a healthful tone to the entire nervous system. DANIEL'S PASSIFLORA is indicated in Nervousness, Insomnia, Hysteria, Neuralgia, Dentition and during Pregnancy and the Menopause.

Write for Literature
Sample Supplied, Physician Paying Express Charges.

Laboratory of
John B. Daniel, Atlanta, Ga.